

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009914

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLOR & FRIENDS FOUNDATION CORPORATION

Current Principal Place of Business:

5651 HALIFAX AVE # 1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

5651 HALIFAX AVE # 1
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 14-1979623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOR, MARCIA M
5651 HALIFAX AVE # 1
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLOR, MARCIA
Address: 5651 HALIFAX AVE # 1
City-St-Zip: FT. MYERS, FL 33912

Title: V () Delete
Name: FLOR, MARCELO
Address: RUA J.J. SEABRA 223, BAIXA DO SAPATEIRO
City-St-Zip: SALVADOR BAHIA BRAZIL, 40025001

Title: S () Delete
Name: DE ARAUJO, MARCOS
Address: 5651 HALIFAX AVE # 1
City-St-Zip: FORT MYERS, FL 33912

Title: T () Delete
Name: CRUZ, PAULLA
Address: 5651 HALIFAX AVE # 1
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: SANTOS, MONIQUE
Address: 5651 HALIFAX AVE # 1
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: ISENSEE, CARMEN
Address: RUA J.J. SEABRA 223, BAIXA DO SAPATEIRO
City-St-Zip: SALVADOR BAHIA BRAZIL, FL 40025001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOINGS, SUELY
Address: 5651 HALIFAX AVE # 1
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA FLOR

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date